

SAINT JOHN OF GOD NURSING HOSPITAL & RESIDENCE 2035 WEST ADAMS BLVD. LOS ANGELES, CALIFORNIA 90018 PHONE 731-0641

PRE ADMISSION MEDICAL RECORD

	DATE	5 - 20 - 77
NAME Rev. Aloysius Ellacuria, c.m.f.	AGE	71
PRESENT ADDRESS 1119 Westchester Pl L.A. 90019	TELEPHONE _	
HOME ADDRESS Same (IF DIFFERENT FROM ABOYE)	TELEPHONE_	
MEDI CAL: (YES) (NO)# MEDICARE: (YES) (NO)#	526 - 86 -	6075 - M
HAS APPLIED FOR ADMISSION TO OUR HOSPITAL. BEFORE WE CAN ADMIT HIM IT IS N LOWING INFORMATION: (PLEASE TYPE OR PRINT.) ALL ITEMS MUST BE COMPLETED PRESENT MEDICATIONS AND DIET DOES NOT CONSTITUTE "ORDERS" OF PATIENT TO	AMP CODE CLUME	WE HAVE THE FOL.
DIAGNOSIS Degenerative arthritis, left hip (See Surgical Tre	eatment)	
Patient has been under treatment by Dr. Chuateco fo	or cardiac pro	blems.
	de d'arregio (mineral) escuel de arregio, per puedo este conservado este partir de cincipación para la company	ika tildiga tilagan se elektrika kilologia egenet i ganet egene egene egene egene side side melle ummenge
MISTORY OF ILLNESS Pain in left hip for many years, progress:	ively more sev	vere.
	and the second seco	and an indication of the graph in a fridance of a section the end dissipates the analysis and acceptance.
HOSPITALIZED IN THE PAST 12 MOS? Yes (EXPLANATION SHOULD INCLUDE HOSPITAL AND D Queen of Angels Hospital: 12/13/76 to 1/25/77 Hollywood Presbyterian Medical Center - Chalet: 1/25/77 to PRESENT MEDICATIONS ORAL, PARENTERAL & ETC. Empirin No. 3; Valium 5 mg	5/20/77	ara kina arak alimatin sini firishin da Masaul diga ana aka da ka ka da aka ka k
DIET Regular	المراقبة الم	en telefoligi de meder de elle planete i pop glippi en telefolie elle milioni insperience e produte e se esse es
PLEASE CIRCLE ONE PER SET: AMBULATORY (YES) (NO): FEED SELF (YES) (NO): DRESS SELF (YES) (NO):	INCONTINENT	(YES) (NO)
FOLEY CATHETER (YES) (NO): BLOOD PRESSURE:	v	
HAS PATIENT HAD A CBC & URINALYSIS WITHIN THE PAST MONTH? (YES) (NO)		
RESULTS: CBC within normal limits	DATE_	
URINALYSIS within normal limits	DATE_	
DO YOU RECOMMEND PHYSICAL THERAPY EVALUATION? Yes		No. of the second
AND/OR ANY OTHER REHABILITATION THERAPY?	en e	an medicina mortuna menganda medicina mengangan pemendapan pemendapan mengan me
		(OVER)



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PRE ADMISSION MEDICAL RECORD

DATE 5 - 20 -
NAME Rev. Aloysius Ellacuria, c.m.f. AGE 71
PRESENT ADDRESS 1119 Westchester Pl L.A. 90019 TELEPHONE 731- 9329
HOME ADDRESS Same TELEPHONE TELEPHONE
MEDI CAL: (YES) (NO)#
HAS APPLIED FOR ADMISSION TO OUR HOSPITAL. BEFORE WE CAN ADMIT HIM IT IS NECESSARY THAT WE HAVE THE FOLLOWING INFORMATION: (PLEASE TYPE OR PRINT.) ALL ITEMS MUST BE COMPLETED AND FORM SIGNED. LISTING OF PRESENT MEDICATIONS AND DIET DOES NOT CONSTITUTE "ORDERS" OF PATIENT TO BE ADMITTED.
DIAGNOSIS Degenerative arthritis, left hip (See Surgical Treatment)
Patient has been under treatment by Dr. Chuateco for cardiac problems.
HISTORY OF ILLNESS Pain in left hip for many years, progressively more severe.
HOSPITALIZED IN THE PAST 12 MOS? Yes (EXPLANATION SHOULD INCLUDE HOSPITAL AND DATES OF STAY). Queen of Angels Hospital: 12/13/76 to 1/25/77 Hollywood Presbyterian Medical Center - Chalet: 1/25/77 to 5/20/77 PRESENT MED!CATIONS ORAL, PARENTERAL & ETC. Empirin No. 3; Valium 5 mg.; Chloral hydrate gr. 7-
DIET_Regular
PLEASE CIRCLE ONE PER SET: AMBULATORY (YES) (NO): FEED SELF (YES) (NO): DRESS SELF (YES) (NO): INCONTINENT (YES) (NO)
FOLEY CATHETER (YES) (NO): BLOOD PRESSURE:
HAS PATIENT HAD A CBC & URINALYSIS WITHIN THE PAST MONTH? (YES) (NO)
RESULTS: CBC Within normal limits DATE
URINALYSIS Within normal limits DATEDATE
DO YOU RECOMMEND PHYSICAL THERAPY EVALUATION? Yes
AND/OR ANY OTHER REHABILITATION THERAPY?
(OVER)

IS THE PATIENT ALLERGIC TO ANY DRUGS, FOODS & ETC?	
HAS PATIENT HAD A CHEST X-RAY WITHIN THE PAST SIX MONTHS? (YES) (NO) RESULTS:	
SURGICAL TREATMENT: (YES) (NO) SPECIFY TYPE OF SURGERY AND DATES:	
12/23/76 - Total hip replacement, left, Charnley-Muller tech	
Topiddement, left, Charniey-Muller tech	nique.
RESULTS Very good.	
	na mangala kangan manakan pana sanggal na barang mangkan lam mangan sanggal na kangan sanggal na kanggal na sa
	1541 1591 1
IS PATIENT SUFFERING FROM ANY CONTAGIOUS DISEASE? NO	
PRESENT MENTAL CONDITION Good	
VER DESTRAINTS REQUIRED? No IS HE CO-OPERATIVE? Yes	3
DOES THE PATIENT WANDER? NO PHYSICALLY (YES) (NO) NO MENTALLY (YES)	No No
EAREST RELATIVE OR RESPONSIBLE PARTY:	
AME Rev. William King, c.m.f. RELATIONSHIP	Superior
DDRESS1119_Westchester Pl L.A. 90019 TELEPHONE7	31 - 9329
ILL YOU ATTEND THIS PATIENT IN OUR HOSPITAL IN CASE OF EMERGENCY AND AT LEAST ONCE TOO, MAY ATTENDING M.D. TELEPHONE YOU? (YES) ((NO)) Refer to panel doctor, Follow are continuing this patient's care: we ask that you visit the patient and write admission of the patients admission, as required by Law. GNED	EA MONTH? (YES) (NO).
EASE PRINT: NAME JOON Y. KOH, M.D.	M.D. REG. = A-23614
ADDRESS 4220 West Third Street	BNDD: AK-0000404
Los Angeles, California 90020	
TELEPHONE (213) 386-3554	
EXCHANGE Same	

IS THE PATIENT ALLERGIC TO ANY DRUGS, FOODS & ETC?	
HAS PATIENT HAD A CHEST X-RAY WITHIN THE PAST SIX MONTHS? (YES) (NO) RESU	LTS:
	The state of the s
SURGICAL TREATMENT: (YES) (NO) SPECIFY TYPE OF SURGERY AND DATES:	
12/23/76 - Total hip replacement, left, Charnley-Muller t	echnique.
Very good	
results yeary good.	
	222
S PATIENT SUFFERING FROM ANY CONTACIOUS DISEASE. NO.	
PRESENT MENTAL CONDITION GOOD	
RE DESTRAINTS REQUIRED? NO IS HE CO-OPERATIVES	Yes
OES THE PATIENT WANDER? NO PHYSICALLY (YES) (NO) NO MENTALLY (Y	YES) (NO)
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DDRESS 1119 Westchester Pl L.A. 90019 TELEPHONE	731 - 9329
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